



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Children and Families
600 Washington Street, 6th Floor
Boston, MA 02111*

CHARLES D. BAKER
Governor

Tel.: 617-748-2000 Fax: 617-261-7435
www.mass.gov/dcf

MARYLOU SUDDERS
Secretary

KARYN E. POLITO
Lieutenant Governor

LINDA S. SPEARS
Commissioner

2022-2023 Foster Child Grant Program Conditions of Agreement

****If you have accessed Foster Child Grant previously you do not need to complete this application.***

I, _____, hereby certify that I am enrolled in a post-secondary educational program. The full name
(Name)
of the school I am attending is _____ and the address of the school is
(Name of School)
_____. My start date this academic year is month ____ year ____.
(Address of School)

Students agree to the following statements in order to meet eligibility requirements:

- I am a full-time student and under age 25 years old.
- I have filed a 2022-2023 FAFSA- Free Application for Federal Student Aid. (The FAFSA website is www.fafsa.ed.gov)
- I am currently a permanent resident of the Commonwealth of Massachusetts. The FAFSA that I filed reflects a Massachusetts address.
- I have verified with DCF that I was in the custody of DCF through a Care and Protection Petition until my 18th birthday. (Youth who turned 18 in the custody of DCF may or may not have remained in DCF placement past their 18th birthday.)
- I agree to participate in educational support services offered to me by the Department of Children and Families.
- I am aware that for the purposes of awarding this grant, DCF will exchange the information I have provided on this form with the Massachusetts Office of Student Financial Assistance and the above named school where I am enrolled.

****Please complete this form in its entirety or it could impact funding***

Signature of Student (electronic signature is acceptable) Printed Name Date
Social Security Number _____ Date of Birth _____ Phone Number _____
Address _____ City _____ State MA Zip _____
Valid E-mail Address _____ (Required)
DCF Area Office _____
Have you applied for Foster Child Grant before? Yes _____ No _____

Filing deadline for academic year 2022-2023 is July 1, 2022

Students can return completed form by email or mail to:

Massachusetts Department of Children and Families

Adolescent Services Unit

600 Washington Street, 6th floor

Boston, MA 02111

Attn: Adolescent and Young Adult Services

youth.support@mass.gov

